Armodafanil (Nuvigil)
Prior Authorization Criteria for the TRICARE Pharmacy Program

Background

Armodafanil (Nuvigil) is a single R-enantiomer of modafanil (Provigil), and is approved by the FDA for improving wakefulness in patients with excessive sleepiness associated with obstructive sleep apnea or hypopnea syndrome (OSA/HS), narcolepsy, and shift work sleep disorder (SWSD). Modafanil (Provigil) has the same FDA-approved indications.

The following criteria were established by the DoD Pharmacy & Therapeutics (P&T) Committee. The effective date for this prior authorization is 30 December 2009. This prior authorization approval is good for 1 year.

Prior Authorization Criteria for Armodafinil (Nuvigil)

Coverage is provided for the use of armodafinil in the treatment of:

- Excessive daytime sleepiness associated with narcolepsy diagnosed by polysomnogram or mean sleep latency time (MSLT) objective testing
- Excessive daytime sleepiness associated with obstructive sleep apnea/hypopnea syndrome (OSA/HS), only after adequate titration of continuous positive airway pressure (CPAP) treatment
- Excessive sleepiness associated with shift-worker sleep disorder (SWSD), only in patients who work night shifts

NOTE: this prior authorization is not intended to apply to armodafinil use in active duty operational/readiness situations based on established protocols; Military Treatment Facilities should make necessary allowances for such use.

Coverage is **not** provided for the use of armodafinil (Nuvigill) for the treatment of other conditions, including:

- Excessive fatigue associated with multiple sclerosis
- Excessive fatigue associated with myotonic dystrophy
- Depression
- Idiopathic hypersomnia
- Chronic fatigue syndrome
- Stroke rehabilitation
- Appetite suppression
- Parkinson's disease

Criteria approved through the DoD P&T Committee process Aug 2009.

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